

Application Data Sheet

**Application Information**

|                                     |   |
|-------------------------------------|---|
| Application Type::                  | National Stage  |
| Subject Matter::                    | Utility   |
| Suggested Classification::          |   |
| Suggested Group Art Unit::          |   |
| CD-ROM or CD-R?::                   | None  |
| Number of CD disks::                |   |
| Number of Copies of CDs::           |   |
| Sequence Submission?::              | None  |
| Computer Readable Form (CRF)::      | No  |
| Number of copies of CRF::           | 0   |
| Title::                             | A RAILWAY VEHICLE AND A<br>CLAMPING ARRANGEMENT FOR THE<br>FIXATION OF A TOWING<br>ARRANGEMENT IN SUCH VEHICLES |
| Attorney Docket Number::            | 1509-1064   |
| Request for Early<br>Publication?:: | No  |
| Request for Non-Publication?::      | No  |
| Suggested Drawing Figure::          |   |
| Total Drawing Sheets::              | 5   |
| Small Entity?::                     | No  |
| Latin Name::                        |   |
| Variety Denomination Name::         |   |
| Petition Included?::                | No  |
| Petition Type::                     |   |
| Licensed US Gov't Agency::          |   |
| Contract or Grant Numbers::         |   |
| Secrecy Order in Parent             | No  |
| Appl.?::                            |   |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: MAGNUS  
Middle Name::  
Family Name:: HOGBRING  
Name Suffix::  
City of Residence:: FALUN  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KUNG MAGNIGATAN 23  
Address::  
City of Mailing Address:: FALUN  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: SE-791 62

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: LENNART  
Middle Name::  
Family Name:: WIKSTRÖM  
Name Suffix::  
City of Residence:: VÄSTERAS  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing DOMKYRKOEPLANADEN 5B  
Address::  
City of Mailing Address:: VÄSTERAS

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-722 13

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/SE2005/000564       | 4/19/05                 |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| SWEDEN    | 0401017-9               | 4/20/04       | Yes                   |
|           |                         |               |                       |

**Assignment Information**

Assignee Name:: DELLNER COUPLERS AB

Street of Mailing VIKAVÄGEN 144

Address::

City of Mailing Address:: FALUN

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-791 95